

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16592**
Registrar's No. **4334**

FILED MAY 18 1943
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. John's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 weeks**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Clarence A. Shelton**

3. (b) If veteran, name war **No.**
3. (c) Social Security No.

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **Mary Shelton** 6. (c) Age of husband or wife if alive **42** years
7. Birth date of deceased **May 18th., 1898**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 11 21 hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bus Operator**
11. Industry or business **Public Service**

MOTHER FATHER { 12. Name **Thomas Shelton**
13. Birthplace **Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Eddie**
15. Birthplace **Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Shelton**
(b) Address **6216 Dardenella Ave.**
17. (a) **Burial** (b) Date thereof **5-11-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**
18. (a) Signature of funeral director **Arthur J. Connelly**
(b) Address **3840 Lindell Blvd.**
19. (a) **MAY 10 1943** (b) **J. F. Brundage**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Pine Lawn**
(If outside city or town limits, write "RURAL")
(d) Street No. **6216 Dardenella Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9th.**
year **1943** hour **2** minute **8** M.
21. I hereby certify that I attended the deceased from **4-1-43** to **5-9-43**
that I last saw him alive on **5-8-43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Cardiac**
Trans. Disease

Due to **Trans. Disease**

Due to **Trans. Disease**

Other conditions **93**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **93**
Of autopsy **93**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
23. Signature **Arthur J. Connelly** (M. D. or other)
Address **3840 Lindell Blvd.** Date signed **5-10-43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell Blvd*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.